

## Children's Outside Visit Authorization

I, \_\_\_\_\_, \_\_\_\_\_, am here today  
(Name of relative or friend) (Relation)

to take \_\_\_\_\_ for a visit to \_\_\_\_\_.  
(Name of child/ren) (Location)

I understand that I have the permission of his/her parent \_\_\_\_\_  
(Name of Resident)

for this outside visit and that I am responsible for his/her safety and any medical treatment needs that may arise.

I, \_\_\_\_\_, understand that I am ultimately responsible for the safekeeping of  
(Name of Resident)  
my child/ren.

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address of where child/ren is/are going

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Resident

Day and Time Left \_\_\_\_\_

*Anticipated* Day and Time of Return \_\_\_\_\_

Day and Time Returned \_\_\_\_\_

Received DSS approval ☐

